

Patient ID Number: _____

Patient Name: _____

Kentucky Department for Public Health

Hepatitis C Virus (HCV) Infection Risk Assessment:

Please answer the following questions. ALL ANSWERS WILL BE KEPT CONFIDENTIAL.

In what country were you born: _____

1. Were you born between 1945 and 1965? _____ Yes No

2. Do you identify with one or more of the statements below _____ Yes No

- ☐ I use/ used injection drugs, even once
- ☐ I use/ used intranasal illegal drugs
- ☐ I received tattoos or body piercings from a non-professional or with non-sterile equipment

I have participated in the following practices without a condom:

- Multiple sex partners
- I am a man who has sex with men
- Sex with an intravenous drug user
- Sex with an individual who has been diagnosed with Hepatitis C
- Exchanged money or drugs for sex

I have or have previously had a sexually transmitted disease

I was born to a mother with Hepatitis C

I am/ was a healthcare, emergency medical, or public safety worker who got an accidental needle stick injury

I was incarcerated

I was told that I have unexplained liver problems or inflammation, which includes elevated liver enzyme tests

I have HIV infection _____ Yes No Not Sure

I received a blood transfusion or organ transplant prior to July 1992

I received clotting factor prior to 1987

I am/ was on long-term dialysis

Have you had a recent exposure to hepatitis C virus? _____ Yes No Not Sure

Have you previously been tested for hepatitis C virus?

3. If yes, what was the result? _____ Positive Negative Not Sure

4. Are you interested in hepatitis C education, screening, or testing information? ____ Yes No

Signature of Patient or Other Authorized Person: _____

Date: _____

FORM: HCV 2

July 2016

